



Manchester Health Department
1528 Elm Street
Manchester NH 03101
Tel: (603) 624-6466, Fax: (603) 628-6004

NOTICE TO: TEMPORARY FOOD PERMIT APPLICANTS

Enclosed are the requirements and an application for a permit to operate a temporary food establishment in the City of Manchester, New Hampshire.

Unless you have a valid Manchester Health Department permit to operate as a mobile food vendor, you must file an application for a temporary permit. A permit to operate a food establishment, such as a restaurant, does not allow you to operate a temporary food establishment without prior approval.

The Manchester Health Department has the responsibility to insure that all foods provided to the public in Manchester are from safe and approved sources. The Health Department cannot issue a permit until this can be ascertained. Establishments which are not in compliance with the NH Sanitary Food Code (or equivalent code if out of state) will not be issued a permit in the City of Manchester. Operation of a food establishment in Manchester be it temporary or otherwise, without a permit is in violation of City Ordinance.

To insure that the Health Department has a sufficient period of time to process an application, all applications should be submitted at least 2 weeks or 10 working days prior to the planned event. If this is not done a Health Department permit may not be issued and the establishment may not be able to operate at the requested event.

Please note that all applicants must include:

1. A completed temporary food service application form. (Page 2)
2. Applicable fees.
3. **IF COMING FROM OUTSIDE MANCHESTER:**
 - a. A copy of your current state or local food permits.
 - b. A copy of your most current (within 6 months) inspection report.
4. **IF YOU ARE NOT CURRENTLY LICENSED BY A STATE OR LOCAL HEALTH DEPARTMENT:**
 - a. A completed commissary certificate form (Page 3)
 - b. A copy of the commissary's current state or local food permits.
 - c. A copy of the commissary's most current (within 6 months) inspection report.

If you have any questions, please contact the Manchester Health Department.



License No: _____ Approved by: _____ Date: _____
Amt. Pd: _____ Check No: _____

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TEMPORARY FOOD SERVICE APPLICATION FORM

Please submit application of the Health Department at least 14 days prior to the event.

1. EVENT: _____ Location of event: _____
Date event begins: _____ Date event ends: _____
2. Applicant's Name: _____
3. Applicant's Address: _____ City: _____ State: _____
Zip: _____ Home Tel: _____ Work Tel: _____ Fax #: _____
4. Person(s) In charge at food service site: _____ Tel: _____
5. Location of advanced preparation: _____
6. Date preparation begins: _____ Date preparation ends: _____

PLEASE FILL IN THE REVERSE SIDE OF THIS FORM WITH FOOD ITEMS TO BE SERVED AT THE EVENT.

7. DESCRIBE:
Cold holding equipment: _____ Cooking equipment: _____
Hot holding equipment: _____ Reheating equipment: _____
8. If food is transported to the food service site: What is length of time in transport? _____
How is food to be kept hot or cold? _____
9. Stem-type (0-220° F) Food thermometer available? () Yes () No
10. Handwashing facilities: () plumbed sink or () gravity flow container or () other _____
11. Sanitizing Solution: () bleach water or () other _____
12. Garbage Disposal: () cans or () dumpster

CLASSIFICATION OF TEMPORARY FOOD ESTABLISHMENT/ PERMIT FEE

- () Class IV-A Locally-based food establishment with current Manchester Health Department permit\$ 40.00
Permit #: _____ Expiration date: _____
- () Class IV-B Establishments who do not possess a current Manchester Health Department permit or
are located outside of the jurisdiction of the Manchester Health Department\$ 80.00
- () Class V Non profit organizations not holding a liquor permit and not serving meals on a daily basis;
public and parochial schools and institutions; and government facilitiesNo Fee
- () The above permit fees authorize the initial permit and 1 day of operation.
Each additional consecutive day of operation\$ 15.00

Number of consecutive days _____ Total Amount Due \$ _____

Applicant's Signature: _____ Date: _____

[illegible]



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THIS FORM REQUIRED FROM ALL MOBILE VENDORS WHO PREPARE FOODS

MOBILE FOOD ESTABLISHMENT - COMMISSARY CERTIFICATE

NOTE: The NH Sanitary Food Code and the City of Manchester Ordinance relative to the Licensing of Food Establishments requires that all food served by mobile vendors be prepared in an approved and licensed commissary. (A commissary is defined as a "catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored.")

Mobile Food Establishment operators who prepare foods must submit the following certificate before the Health Department may issue a permit to operated:

If the Commissary is located outside of Manchester, a copy of the commissary's permit to operate and most recent inspection are required.

NAME & ADDRESS OF COMMISSARY: _____

OWNER OF COMMISSARY: _____

If owner of the commissary is an individual other than operator, then the following must be completed:

I hereby certify that I have given permission to _____

To prepare food and clean and sanitize equipment in my premises at _____

I understand that I am responsible for the wholesomeness and quality of food as it relates to preparation in my establishment, and certify that my establishment meets requirements of the NH Sanitary Food Code.

Signature: _____

Title: _____

Date: _____



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THIS FORM REQUIRED FROM ALL MOBILE VENDORS WHO SELL PACKAGED FOODS

MOBILE FOOD ESTABLISHMENT - PREPARED FOODS CERTIFICATE

NOTE: The NH Sanitary Food Code allows the operation of mobile food establishments without a commissary PROVIDING that all food products are pre-packaged at an approved commissary. If a mobile food establishment does not operate out of a commissary, then the following statement is required from all suppliers of sandwiches, pastries, prepared foods, etc. (This is not necessary for candy, packaged cupcakes, packaged potato chips, packaged drinks, etc.)

SUPPLIER OF PREPACKAGED FOODS

I hereby certify that I supply _____
with the following food products:

I further certify that my establishment meets requirements of the NH Sanitary Food Code.

Name and Address: _____

Signature: _____

Title: _____

Date: _____

***The Health Department may require a current inspection report from an appropriate State or local health authority.**



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TEMPORARY FOOD PERMIT REQUIREMENTS

- * KEEP FOOD ITEMS THAT CONTAIN MEAT, POULTRY, FISH, OR DAIRY PRODUCTS BELOW 41⁰ F OR ABOVE 140⁰ F. FROZEN FOOD ITEMS NEED TO BE STORED AT OR BELOW 0⁰ F.
- * SHIELD FOOD AND FOOD CONTACT SURFACES FROM POSSIBLE CONTAMINATION.
- * STORE FOOD ITEMS AT LEAST 18 INCHES OFF THE GROUND.
- * PROVIDE AT LEAST TWO GARBAGE CONTAINERS WITH TIGHT FITTING COVERS.
- * KEEP HANDS CLEAN. WASH HANDS AFTER USING TOILET FACILITIES, EATING OR SMOKING.
- WEAR CLEAN CLOTHING THAT INCLUDES A SHIRT OR BLOUSE WITH SLEEVES, HAIR RESTRAINTS, AND AN APRON.
- * USE PLASTIC GLOVES OR DISPENSING UTENSILS WHEN PREPARING OR SERVING FOOD PRODUCTS.
- * REFRAIN FROM SMOKING OR EATING IN THE FOOD PREPARATION AREA.
- * FOOD ITEMS ARE NOT TO BE STORED IN DIRECT CONTACT WITH ICE.
- * FOOD ITEMS NOT PREPARED ON SITE MUST BE PREPARED IN AN APPROVED LICENSED FACILITY.

**AMOUNTS OF CHLORINE COMPOUNDS REQUIRED
TO GIVE APPROXIMATELY 100 PPM OF
CHLORINE BY READILY AVAILABLE
MEASURING DEVICES**

Volume of water (Gallons)	Dry Chlorine compound (Available chlorine)		Liquid hypochlorite solution (available chlorine)	
	15%	70%	2.25%	5%
10	2 ³ / ₄ tbs.	³ / ₄ tbs.	³ / ₄ cup	5 tbs.
20	5 ¹ / ₂ tbs.	1 ¹ / ₂ tbs.	1 ¹ / ₂ cups	10 tbs.
40	11 tbs.	2 ¹ / ₂ tbs.	1 ¹ / ₂ pts.	1 ¹ / ₄ cups
60	1 cups	3 ¹ / ₂ tbs.	2 ¹ / ₂ pts.	2 cups
80	1 ² / ₅ cups	4 ¹ / ₂ tbs.	3 pts.	2 ¹ / ₂ cups
100	1 ⁴ / ₅ cups	6 tbs.	2 qts.	3 cups

Dry Measure

1 tablespoon (tbs.) - approximately 0.3 ounces
1 cup or 1/2 pint - approximately 5 ounces.

Liquid Measure

1 tablespoon or 3 teaspoons approximately 15 ml.
1 cup of 1/2 pint approximately 16 tablespoons

NEW HAMPSHIRE STATE DEPARTMENT OF HEALTH
CONCORD, NEW HAMPSHIRE

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